

In re Application of:
JUN HORIYAMA



Application No.: 09/426,878

Filed: October 26, 1999

For: METHOD AND APPARATUS FOR
COMMUNICATING FONT REGISTRATION
INFORMATION (as amended)

Docket No. 03500.013969
2143

Examiner: P.H. Nguyen

Art Unit: 2143

Date: November 6, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 36 | MINUS | ** 36 | = 0 | x \$9 \$18 | \$0.00 |
| INDEP. CLAIMS | * 12 | MINUS | *** 12 | = 0 | x \$43 \$86 | \$0.00 |
| Fee for Multiple Dependent claims \$145°/\$290 | | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | \$0.00 |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

°Verified Statement claiming small entity status is enclosed, if not filed previously.

BEST AVAILABLE COPY

A check in the amount of \$_____ is enclosed.

Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$110.00 to cover the fee for a one-month extension is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
LOCK SEE & JAHNES
Registration No. 38,667

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200
NYMAIN364650

Form #120

NY_MAIN 364650v1

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Assistant Commissioner for Patents
Washington, D.C. 20231

Date 12 30 99
Mo. Day Yr.

Atty. Docket 35139169
Application No. 09/420878

Sir:

Kindly acknowledge receipt of the accompanying:

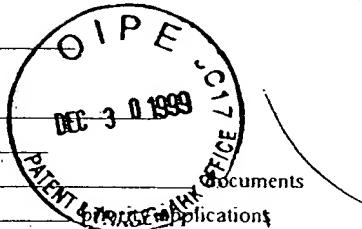
Response to Official Action. _____
 Check for \$ _____ (claims fee)
 Petition under 37 CFR 1.136 and Check for \$ _____
 Notice of Appeal and Check for \$ _____
 Information Disclosure Statement, PTO-1449 and _____
 Claim for priority and certified copies of 1 _____
 Issue fee transmittal and Check for \$ _____
 Other (specify) _____

by placing your receiving date stamp hereon and mailing or returning to deliverer.

Atty. WST/fq

Due Date 12/30/99
Mo. Day Yr.

37 CFR 1.8
37 CFR 1.10
By Hand



BEST AVAILABLE COPY